

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PARTI LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Ueoka	Leslie	Alan	(808) 546-2898	
MAILING ADDRESS (Street)			FAX	
P.O. Box 2200				
(City)	(State)	(Zip (Code)	
Honolulu	Hawaii	968	96841	
EMPLOYING ORGANIZATION	(Fill in only if you are employed by a business en	tity which has been retained to lobby)	TELEPHONE	
Hawaiian Telcom,	Inc.		(808) 546-2898	
MAILING ADDRESS (Street)			FAX	
P.O. Box 2200				
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	9684	1	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOS	BBY FOR (Do not abbreviate)	TELEPHONE
Hawaiian Telcom, Inc.		(808) 546–2898
MAILING ADDRESS (Street)		FAX
P.O. Box 2200		
(City)	(State)	(Zip Code)
Honolulu	Hawaii 96841	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
JoAnn C. Yosemori		(808) 546–3868
MAILING ADDRESS (Street)		FAX
P.O. Box 2200		(808) 546-8500
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96841

PART I	II DESCRIPTION O	<u>F SUBJECTS UPON WHI</u>	<u>CH YOU EXPECT TO LOB</u>	<u>BY</u>	
	Agriculture	Education	Human Services	X Science, Technology & Economic Development	
	Communications & Public Utilities	Government Operations 8 Finance	Intergovernmental Rela International Affairs	ations, Tourism & Recreation	
	Consumer Protection & Commerce	Hawaiian Affairs	X Labor & Employment	Transportation	
	Culture, Arts, Historic Preservation	Health	X Planning, Land & Wate Use Management	or X Other: (indicate below) Telecommunications	
	Ecology, Energy Environmental Protection	Housing	X Public Safety & Correct	tions	
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PART I	V CERTIFICATION	OF LOBBYIST			
			is, to the best of my knowle	edge, correct and complete.	
	AMI ON	74	1,1	January 2006	
	Z MICHIE	(Signature of Labbulat)			
	/	(Signature of Lobbyist)		/ (Date) /	
PART \	V AUTHORIZATION	I TO I OBBY			
NAME	AUTHORIZATION	110 20001	TITLE OF AUTHORIZING OF	FICER OR PERSON REPRESENTED	
IM.			Chief Evecutive	Officer	
	ichael S. Ruley		Chief Executive	Officer	
	<u> </u>	cable)	Chief Executive		
	ichael S. Ruley FORGANIZATION (if appli	cable)	Chief Executive	TELEPHONE	
NAME O	<u> </u>		Chief Executive		
NAME O	F ORGANIZATION (if appli		Chief Executive	TELEPHONE	
NAME O	F ORGANIZATION (if appli awaiian Telcom, I		Chief Executive	TELEPHONE (808) 546-7844	
NAME O	F ORGANIZATION (if appli awaiian Telcom, I			TELEPHONE (808) 546-7844	
MAILING P (C	F ORGANIZATION (if appliawaiian Telcom, In GADDRESS (Street) .0. Box 2200 ity)	nc. (State) Hawaii	(Zij 96	TELEPHONE (808) 546-7844 FAX Code)	
MAILING P (C	F ORGANIZATION (if appliawaiian Telcom, In GADDRESS (Street) .0. Box 2200 ity)	nc. (State) Hawaii	(Zij 96	TELEPHONE (808) 546-7844 FAX Code)	
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MAILING P (C	F ORGANIZATION (if applia awaiian Telcom, In GADDRESS (Street) .0. Box 2200 ity) conclulute ereby authorize the abance in the street authorize the abance in the street	nc. (State) Hawaii	(Zi _l 96 gage in lobbying activities or	TELEPHONE (808) 546-7844 FAX Code)	